

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24813

STATE FILE NUMBER

3165

FILED AUG 1 - 1957

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>		d. STREET ADDRESS (If outside, give location) <b>8001 Michigan</b>	
3. NAME OF DECEASED (Type or print) <b>Chris D. Schroeder</b>		4. DATE OF DEATH Month <b>7</b> Day <b>6</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 71 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 4, 1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Clay Co Mo</b>	
13a. FATHER'S NAME <b>Daniel Schroeder</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Stuebel</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-12-9005A</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>June 11, 1957</b> to <b>July 6, 1957</b> and last saw <sup>him</sup> alive on <b>July 6, 1957</b> Death occurred at <b>12:15 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B. I. Burns</b> (Degree or title) <b>B. I. Burns M.D.</b>		22b. ADDRESS <b>24th &amp; Cherry</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 8-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Barry Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Barry Mo</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons</b>		25. DATE READ BY LOCAL REG. <b>7-8-57</b>	
26. REGISTRAR'S SIGNATURE <b>Neen Minshall</b>			

(Licensed Embellisher's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

*Glenn H. Hill*

Licensed Embalmer No. 4586

P. O. Address K.C. 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.